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APPLICANTS

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** CONTINUING DATA ***** *NONE*

** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS

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TITLE

Uniform gas cushion wafer support

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